

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Hor</i>	<i>6/24/4</i>	<i>1/1/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AB</i>	<i>JC 900</i>	<i>12-01-00</i>
RESPONSE FORMALITY REVIEW	<i>lec</i>	<i>907</i>	<i>4-10-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/18/03
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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